

HCPCS Temporary National Coding decisions for 2002

I. CMS HCPCS National "K" Codes

Effective 4/01/02:

- K0561 Ostomy skin barrier, non-pectin based, paste, per ounce
(Non-pectin based ostomy paste)
- K0562 Ostomy skin barrier, pectin-based, paste, per ounce
(Pectin based ostomy paste)
- K0563 Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
(Ext wear ost skn barr ≤4sq")
- K0564 Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
(Ext wear ost skn barr >4sq")
- K0565 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each**
(Ost skn barr w flng ≤4sq")
- K0566 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
(Ost skn barr w flng >4sq")
- K0567 Ostomy pouch, drainable, with karaya based barrier attached, without built-in convexity, (1 piece), each
(1 pc drainable ost pouch)
- K0568 Ostomy pouch, drainable, with standard wear barrier attached, without built-in convexity, (1 piece), each
(1 pc cnvx drainabl ost pouch)
- K0569 Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), each
(2 pc drainable ost pouch)
- K0570 Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
(ostomy skn barr w flng ≤4sq")
- K0571 Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each
(ostomy skn barr w flng >4sq")
- K0572 Tape, non-waterproof, per 18 square inches
(Non-waterproof tape)
- K0573 Tape, waterproof, per 18 square inches
(Waterproof tape)
- K0574 Addition to ostomy pouch, filter, integral or added separately to pouch, each.
(Ostomy pouch filter)
- K0575 Addition to ostomy pouch, rustle-free material, per pouch
(Ost pouch rustle free mat)
- K0576 Addition to ostomy pouch, friction and irritant-reducing, absorbent, interface layer (comfort panel), per pouch

(Ostomy pouch comfort panel)
K0577 Addition to ostomy pouch, odor barrier, incorporated into pouch laminate, per pouch
(Ostomy pouch odor barrier)
K0578 Addition to ostomy pouch, faucet-type tap with valve for draining urinary pouch, each
(Urinary pouch faucet/drain)
K0579 Addition to ostomy pouch, absorbent material (sheet/pad/crystal packet) to thicken liquid stomal output, for use in pouch, each
(Ost pouch absorbent material)
K0580 Addition to ostomy pouch, flange locking
(Ost pouch locking flange)
(TOS = P, K BETOS = D1A COVERAGE = D MCM = 2130 PRICING = 37
PRICING = 37 effective 4/01/02)

* Note* Codes A4370, A4374, A4386, A5061, A5123, A6265, and A4368 identified as not valid for Medicare effective 4/01/02:

II. CMS HCPCS National "Q" Codes

III. CMS HCPCS National "G" Codes

Code	Effective Date	Description
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Glaucoma Screening Codes

G0117	1/1/02	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	1/1/02	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist

Pet Scan Codes

G0210	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , diagnosis; lung cancer, non-small cell
G0211	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , <i>initial</i> staging; lung cancer; non-small cell (replaces G0126)
G0212	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring

		PET scanners only , restaging; lung cancer; non-small cell
G0213	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , diagnosis; colorectal cancer
G0214	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , <i>initial</i> staging; colorectal cancer
G0215	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , restaging; colorectal cancer (replaces G0163)
G0216	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , diagnosis; melanoma
G0217	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , <i>initial</i> staging; melanoma
G0218	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , restaging; melanoma (replaces G0165)
G0219	1/1/02	PET Imaging <i>whole body</i> ; (full- and partial-ring PET scanners only,) <u>for non-covered</u> indications
G0220	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , diagnosis; lymphoma
G0221	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , <i>initial</i> staging; lymphoma (replaces G0164)
G0222	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , restaging; lymphoma (replaces G0164)
G0223	1/1/02	PET Imaging <i>whole body or regional</i> ; full- and partial-ring PET scanners only , diagnosis; head and neck cancer; excluding thyroid and CNS cancers
G0224	1/1/02	PET Imaging <i>whole body or regional</i> ; full- and partial-ring PET scanners only , <i>initial</i> staging;

head and neck cancer; excluding thyroid and CNS cancers

G0226	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , diagnosis; esophageal cancer
G0227	1/01/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , <i>initial</i> staging; esophageal cancer
G0228	1/1/02	PET Imaging <i>whole body</i> ; full- and partial-ring PET scanners only , restaging; esophageal cancer

G0229	1/1/02	PET Imaging; Metabolic brain imaging for pre-surgical evaluation of refractory seizures; full- and partial-ring PET scanners only
G0230	1/1/02	PET Imaging; Metabolic assessment for myocardial viability following inconclusive SPECT study; full- and partial-ring PET scanners only

Codes for Gamma Cameras

G0231	1/1/02	PET, whole body, for recurrence of colorectal of colorectal metastatic cancer; gamma cameras only
G0232	1/1/02	PET, whole body, for staging and characterization of lymphoma; gamma cameras only
G0233	1/1/02	PET, whole body, for recurrence of melanoma or melanoma metastatic cancer, gamma cameras only
G0234	1/1/02	PET, regional or whole body, for solitary pulmonary nodule following CT, or for initial staging of diagnosed non-small cell lung cancer; gamma cameras only

(G0235 -Not Assigned.)

G0236	1/1/02	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, diagnostic mammography
G0237	1/1/02	Therapeutic procedure to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes
G0238	1/1/02	Therapeutic procedures to improve respiratory function, other than services described by G0237, one on one, face to face, per 15 minutes
G0239	1/1/02	Therapeutic procedures to improve respiratory function, other than services described by G0237, two or more
G0240	1/1/02	Bone marrow aspiration and bone marrow biopsy performed through same incision (interpretation to be billed separately)

G0241	1/1/02	Bone marrow aspiration and bone marrow biopsy, through separate incisions, performed the same day (interpretation to be billed separately)
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Demo Codes

G9009	10/01/01	Coordinated care fee risk adjusted maintenance - Level 3 Ongoing assessment, supervision, and education of patients with chronic illness(es) requiring complex or multidisciplinary care modalities involving periodic monitoring and revision of the plan of care. Includes ongoing assessments, data collection, communication with patient and other providers, integration of new information into the plan of care and/or modification of interventions. Reportable once per month by the coordinated care entity.
G9010	10/01/01	Coordinated care fee risk adjusted maintenance - L Level 4 Ongoing assessment, supervision, and education of patients with chronic illness(es) requiring complex or multidisciplinary care modalities involving periodic monitoring and revision of the plan of care. Includes ongoing assessments, data collection, communication with patient and other providers, integration of new information into the plan of care and/or modification of interventions. Reportable once per month by the coordinated care entity.
G9011	10/01/01	Coordinated care fee risk adjusted maintenance - Level 5 Ongoing assessment, supervision, and education of patients with chronic illness(es) requiring complex or multidisciplinary care modalities involving periodic monitoring and revision of the plan of care. Includes ongoing assessments, data collection, communication with patient and other providers, integration of new information into the plan of care and/or modification of interventions. Reportable once per month by the coordinated care entity.
G9012	10/01/01	Other specified case management service not elsewhere classified Other service provided by demonstration program for which payment is not otherwise incorporated

into monthly case management fee or not specified
in another code.

(G9013 - G9015 not assigned yet)

G9016	10/01/01	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes)
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Note: Smoking Cessation Counseling demonstration project.

Part of the Health Aging Project. Joseph Chin, OCSQ, analyst. Tentatively selected states = AL, FL, OH, MO. Targeted to begin during the first Jan-March 2001. Proposal to reimburse physicians at rate of E/M level 1, (99401) as a Medicare Part B benefit (2 visits per 12 week cycle, maximum of 2 cycles per year).

IV. CMS HCPCS Temporary National "C" Codes

Contact Marjorie Baldo (Mbaldob@cms.hhs.gov) for web site to view the Temporary National "C" codes established for use in the Hospital Outpatient Prospective Payment system.

V. CMS HCPCS National Modifiers

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| GB | CLAIM BEING RE-SUBMITTED FOR PAYMENT BECAUSE IT IS NO LONGER COVERED UNDER A GLOBAL PAYMENT DEMONSTRATION
(PRICING/PAYMENT MODIFIER - Effective 01/01/02 Coverage = C) |
| GG | PERFORMANCE AND PAYMENT OF A SCREENING MAMMOGRAM AND DIAGNOSTIC MAMMOGRAM ON THE SAME PATIENT, SAME DAY
(Pricing/Payment modifier - effective 01/01/02 Coverage = C
Short Description = Payment screen mam + diagmam) |
| GK | ACTUAL ITEM/SERVICE ORDERED BY PHYSICIAN, ITEM ASSOCIATED WITH GA OR GZ MODIFIER
(Pricing/Payment modifier - effective 01/01/02 Coverage = C
Short Description = Actual item/service ordered) |
| GL | MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF STANDARD ITEM, NO CHARGE, NO ADVANCE BENEFICIARY NOTICE (ABN)
(Pricing/Payment modifier - effective 01/01/02 Coverage = C
Short Description = Upgrade item, no charge) |
| GM | Multiple patients on one ambulance trip
(payment modifier, coverage C effective 1/01/02)
Short description: Multiple transports |

**VI. National HCPCS "S" Codes established for the Private Sector
(Note: "S" codes are not valid for Medicare)**

Add, modify and discontinue the following "S" codes, effective January 1, 2002:

Add Modifiers

- SA Nurse practitioner rendering service in collaboration with a physician
- SB Nurse midwife
- SC Medically necessary service or supply
- SD Services provided by registered nurse with specialized, highly technical home infusion
Training

Add Codes

- S0079 Injection, octreotide acetate, 100mcg (for doses over 1 mg use J2352 or C1207)
- S0091 Ganisetron hydrochloride, 1 mg (for circumstances falling under the Medicare statute, use Q0166)
- S0092 Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)
- S0093 Injection, morphine sulfate, 500 mg (loading dose for infusion pump)
- S0155 Sterile dilutant for epoprostenol, 50 ml
- S0170 Anastrozole, oral, 1 mg
- S0171 Injection, bumetanide, 0.5 mg
- S0172 Chlorambucil, oral, 2 mg
- S0173 Dexamethasone, oral, 4 mg
- S0174 Dolasetron mesylate, oral, 50 mg (for circumstances falling under the Medicare statute, use Q0180)
- S0175 Flutamide, oral, 125 mg
- S0176 Hydroxyurea, oral, 500 mg
- S0177 Levamisole hydrochloride, oral, 50 mg

- S0178 Lomustine, oral, 10 mg
- S0179 Megestrol acetate, oral, 20 mg
- S0181 Ondansetron hydrochloride, oral, 4 mg (for circumstances falling under the Medicare statute, use Q0179)
- S0182 Procarbazine hydrochloride, oral, 50 mg
- S0183 Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164 —Q0165)
- S0187 Tamoxifen citrate, oral, 10 mg
- S0189 Testosterone pellet, 75 mg
- S0208 Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport
- S0209 Wheelchair van, mileage, per mile
- S0215 Non-emergency transportation; mileage
- S0250 Comprehensive geriatric assessment and treatment planning performed by assessment team
- S0255 Hospice referral visit (advising patient and family of care options) performed by nurse,
social worker, or other designated staff
- S0260 History and physical (outpatient or office) related to surgical procedure (List separately in addition to code for appropriate evaluation and management service)
- S0302 Completed Early Periodic Screening Diagnosis and Treatment (ESPD) service (List in addition to code for appropriate evaluation and management service)
- S0310 Hospitalist services (List separately in addition to code for appropriate evaluation and management service)
- S0340 Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage
- S0341 Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage

- S0342 Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage
- S0395 Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic
- S0400 Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)
- S0622 Physical exam for college, new or established patient (List separately in addition to appropriate evaluation and management code)
- S1025 Inhaled nitric oxide for the treatment of hypoxic respiratory failure in the neonate; per diem
- S1030 Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
- S1031 Continuous noninvasive glucose monitoring device, rental, including sensor, sensor placement, and download to monitor (for physician interpretation of data, use CPT code)
- S2080 Laser-assisted uvulopalatoplasty (LAUP)
- S2115 Osteotomy, periacetabular, with internal fixation
- S2150 Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and 28 days of post-transplant care (including drugs; hospitalization; medical surgical, diagnostic and emergency services)
- S2250 Uterine artery embolization for uterine fibroids
- S2341 Chemodenervation of adductor muscle(s) of vocal cord
- S2342 Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral
- S2360 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical
- S2361 Each additional cervical vertebral body (list separately in addition to code for primary procedure)
- S2400 Repair, congenital hernia in the fetus, procedure performed in utero
- S2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero

S2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero

S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero

S2404 Repair, myelomeningocele in the fetus, procedure performed in utero

S2409 Repair, congenital malformation of fetal, procedure performed in utero, not otherwise classified

S2410 Amnioreduction for treatment of twin-to-twin transfusion syndrome

S2411 Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome

S3600 Stat laboratory request (situations other than S3601)

S3601 Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility

S3630 Eosinophil count, blood, direct

S3701 Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative

S3830 Complete MLH1 and MLH2 gene sequence analysis for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing

S3831 Single-mutation analysis (in individual with a known MLH1 and MLH2 mutation in the family) for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing

S3835 Complete gene sequence analysis for cystic fibrosis genetic testing

S3837 Complete gene sequence analysis for hemochromatosis genetic testing

S4011 In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development

S4015 Complete in vitro fertilization cycle, case rate

S4016 Frozen in vitro fertilization cycle, case rate

S4018 Frozen embryo transfer procedure cancelled before transfer, case rate

S4020 In vitro fertilization procedure cancelled before aspiration, case rate

S4021 In vitro fertilization procedure cancelled after aspiration, case rate

S4022 Assisted oocyte fertilization, case rate

S4025 Donor services for in vitro fertilization (sperm or embryo), case rate

S4026 Procurement of donor sperm from sperm bank

S4027 Storage of previously frozen embryo

S4028 Microsurgical epididymal sperm aspiration (MESA)

S4030 Sperm procurement and cryopreservation services; initial visit

S4031 subsequent visit

S4989 Contraceptive intrauterine device (e.g. Progestacert IUD), including implants and supplies

S4990 Nicotine patches, legend

S4991 Nicotine patches, non-legend

S5035 Home infusion therapy, routine service of infusion device (e.g. pump maintenance)

S5036 Home infusion therapy, repair of infusion device (e.g. pump repair)

S5498 Home infusion therapy, catheter care/maintenance, simple (single lumen), includes all necessary supplies, per diem

S5500 Home infusion therapy, catheter care/maintenance, simple (single lumen), including nursing services and supplies; per diem

S5501 Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes all necessary supplies, per diem

S5502 Maintenance of infusion catheter and multiple lumens, including nursing services and supplies; per diem

S5517 Home infusion therapy, all supplies necessary for restoration of catheter patency

S5518 Home infusion therapy, all supplies necessary for catheter repair

S5520 Home infusion therapy, all supplies necessary for PICC line insertion

S5521 Home infusion therapy, all supplies necessary for midline catheter

S5522 Home infusion therapy, insertion of PICC line (no supplies included)

S5523 Home infusion therapy, insertion of midline catheter (no supplies included)

S8030 Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy

S8055 Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound guidance as ultrasound guidance is included in the CPT code for multifetal pregnancy reduction – 59866)

S8097 Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)

S8100 Holding chamber or spacer for use with an inhaler or nebulizer; without mask

S8101 with mask

S8180 Tracheostomy shower protector

S8181 Tracheostomy tube holder

S8182 Humidifier, heated, used with ventilator, non-servo-controlled

S8183 Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring

S8185 Flutter device

S8186 Swivel adaptor

S8189 Tracheostomy supply, not otherwise classified

S8190 Electronic spirometer (or microspirometer)

S8401 Child-sized incontinence garment, diaper, each

S8403 Adult-sized incontinence garment, disposable, pull-up brief, each

S8404 Child-sized incontinence garment, disposable, pull-up brief, each

S8415 Supplies for home delivery of infant

S8420 Gradient pressure aid (sleeve and glove combination), custom made

S8421 Gradient pressure aid (sleeve and glove combination), ready made

S8422 Gradient pressure aid (sleeve), custom made, medium weight

S8423 Gradient pressure aid (sleeve), custom made, heavy weight

S8424 Gradient pressure aid (sleeve), ready made

S8425 Gradient pressure aid (glove), custom made, medium weight

S8426 Gradient pressure aid (glove), custom made, heavy weight

S8427 Gradient pressure aid (glove), ready made

S8428 Gradient pressure aid (gauntlet), ready made

S8429 Gradient pressure exterior wrap

S8430 Padding for compression bandage, roll

S8431 Compression bandage, roll

S8450 Splint, prefabricated, digit (specify digit by use of modifier)

S8451 Splint, prefabricated, wrist or ankle

S8452 Splint, prefabricated, elbow

S8490 Insulin syringes (100 syringes, any size)

S9083 Global fee urgent care centers

S9098 Home visit, phototherapy services (e.g. bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem

S9109 Congestive heart failure telemonitoring, equipment rental, including telescale, computer system and software, telephone connections, and maintenance, per month

S9116 Home visit for teaching self administration of injections, nursing services, per diem

- S9117 Back school, per visit
- S9131 Physical therapy, in the home, per diem
- S9211 Home gestational hypertension management (includes administrative services, professional pharmacy services, and all necessary supplies); per diem
- S9212 Home postpartum hypertenseion management (includes administrative services, professional pharmacy services, and all necessary supplies), per diem
- S9213 Home preeclampsia management (includes administrative services, professional pharmacy services, and all necessary supplies); per diem
- S9214 Home gestational diabetes management (includes administrative services, professional pharmacy services, and all necessary supplies); per diem
- S9216 Nursing services and all necessary equipment and supplies for gestational hypertension program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight and fetal movement counting via a home data collection system, patient status reports, 24 hour/7 day a week nursing support, and all education to the patient and caregiver); per diem
- S9217 Nursing services and all necessary equipment and supplies for postpartum hypertension program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight, compliance management support, patient status reports, 24 hour/7 day a week nursing support, and all education to the patient and caregiver); per diem
- S9218 Nursing services and all necessary equipment and supplies for preeclampsia program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight and daily fetal movement counting via a home data collection system, compliance management support, patient status reports, 24 hour/7 day a week nursing support, and all education to the patient and caregiver); per diem
- S9235 Home infusion therapy, continuous pain management infusion (IV or subcutaneous), administrative services, professional pharmacy services, all necessary supplies, (drug coded separately), per diem
- S9326 Home infusion therapy, continuours pain management infusion (epidural or intrathecal), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9327 Home infusion therapy, intermittent pain management infusion (IV or subcutaneous), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem

- S9328 Home infusion therapy, intermittent pain management infusion (IV or subcutaneous), nursing services, per visit
- S9329 Home infusion therapy, intermittent pain management infusion (epidural or intrathecal), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9330 Home infusion therapy, intermittent pain management infusion (epidural or intrathecal), nursing services, per visit
- S9331 Home infusion therapy, intermittent chemotherapy infusion, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9332 Home infusion therapy, intermittent chemotherapy infusion, nursing services, per visit (for continuous chemotherapy nursing services, use CPT codes)
- S9334 Home infusion therapy, bolus chemotherapy infusion, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9335 Home infusion therapy, bolus chemotherapy infusion, nursing services, per visit (for continuous chemotherapy nursing services, use CPT code)
- S9336 Home infusion therapy, continuous anticoagulant infusion therapy (e.g. heparin), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9338 Home infusion therapy, immunotherapy therapy, administrative services, professional pharmacy services, and all necessary supplies (drugs coded separately), per diem
- S9339 Home therapy, peritoneal dialysis, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9340 Home therapy, enteral nutrition via gravity, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9341 Home therapy, enteral nutrition via pump, nursing services, per visit (for enteral nutrition via gravity nursing services use CPT code)
- S9342 Home therapy, enteral nutrition via pump, administrative services, professional pharmacy services, and all necessary supplies, per diem

- S9343 Home therapy, enteral nutrition via bolus, nursing services, per visit (for enteral nutrition via gravity nursing services use CPT code)
- S9344 Home therapy, enteral nutrition via bolus, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9345 Home infusion therapy, anti-hemophilic agent infusion therapy (e.g. Factor VIII), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9346 Home infusion therapy, anti-hemophilic agent infusion therapy (e.g. Factor VIII), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9347 Home infusion therapy, uninterrupted long-term intravenous infusion therapy (e.g. epoprostenol), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9348 Home infusion therapy, sympathomimetic agent infusion therapy (e.g. dobutamine), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9349 Home infusion therapy, tocolytic infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9350 Home infusion therapy, continuous anti-emetic infusion therapy, nursing services, per visit
- S9351 Home infusion therapy, continuous anti-emetic infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9352 Home infusion therapy, continuous insulin infusion therapy, nursing services, per visit
- S9353 Home infusion therapy, continuous insulin infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9354 Home infusion therapy, chelation therapy, nursing services, per visit
- S9355 Home infusion therapy, chelation therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem

- S9356 Home infusion therapy, enzyme replacement intravenous therapy, (e.g. imiglucerase), nursing services, per visit
- S9357 Home infusion therapy, enzyme replacement intravenous therapy, (e.g. imiglucerase), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9358 Home infusion therapy, tumor necrosis factor inhibitor intravenous therapy (e.g. infliximab), nursing services, per visit
- S9359 Home infusion therapy, tumor necrosis factor inhibitor intravenous therapy (e.g. infliximab), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9360 Home infusion therapy, diuretic intravenous therapy, nursing services, per visit
- S9361 Home infusion therapy, diuretic intravenous therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9362 Home infusion therapy, anti-spasmodic intravenous therapy, nursing services, per visit
- S9363 Home infusion therapy, anti-spasmodic intravenous therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9364 Home infusion therapy, total parenteral nutrition (TPN), administrative services, professional pharmacy services, and all necessary supplies, per diem (do not use with home infusion codes S9365-S9368 using TPN daily volume scales)
- S9365 Home infusion therapy, total parenteral nutrition (TPN), one liter per day, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9366 Home infusion therapy, total parenteral nutrition (TPN), more than one liter but no more than two liters per day, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9367 Home infusion therapy, total parenteral nutrition (TPN), more than two liters but no more than three liters per day, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9368 Home infusion therapy, total parenteral nutrition (TPN), more than three liters per day, administrative services, professional pharmacy services, and all necessary supplies, per diem

- S9369 Home infusion therapy, intermittent anti-emetic infusion therapy, nursing services, per visit
- S9370 Home infusion therapy, intermittent anti-emetic infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9371 Home infusion therapy, intermittent anticoagulant infusion therapy, nursing services, per visit
- S9372 Home infusion therapy, intermittent anticoagulant infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)
- S9379 Home infusion therapy, infusion therapy not otherwise classified, administrative services, professional pharmacy services, and all necessary supplies
- S9380 Each additional therapy given on same day, administrative services, professional pharmacy services and all necessary supplies (list separately in addition to code for primary therapy)
- S9381 Delivery or service to high risk areas requiring escort or extra protection, per visit
- S9441 Asthma education, non-physician provider, per session
- S9442 Birthing classes, non-physician provider, per session
- S9443 Lactation classes, non-physician provider, per session
- S9445 Patient education, not otherwise classified, non-physician provider, individual, per session
- S9446 Patient education, not otherwise classified, non-physician provider, group, per session
- S9494 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, administrative services, professional pharmacy services, and all necessary supplies, per diem (do not use with home infusion codes for hourly dosing schedules S9497-S9504)
- S9497 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 3 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem

- S9500 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 24 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9501 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 12 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9502 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 8 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9503 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 6 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9504 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 4 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9529 Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility
- S9537 Home infusion therapy, hematopoietic hormone therapy (e.g. erythropoietin, G-CSF, GM-CSF) or platelets, intravenous or subcutaneous, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately); per diem
- S9538 Home transfusion of blood products, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9542 Home administration of medication, intramuscularly or subcutaneously, not otherwise classified, including administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9981 Medical records copying fee, administrative
- S9982 Medical records copying fee, per page
- S9986 Not medically necessary service (patient is aware that services is not medically necessary)
- S9989 Services provided outside of the United States of America (List in addition to code(s) for service(s))

Delete (D*) Codes

D*S0024	Injection, ciprofloxacin, 200 mg
D*S0029	Injection, fluconazole, 400 mg (prefer J1450 per 200 mg)
D*S0086	Injection, verteporfin, 15 mg
D*S0096	Injection, itraconazole, 200 mg
D*S2052	Transplantation of small intestine allograft (There are CPT codes available for intestinal allotransplantation – 44135 for graft from cadaver donor or 44136 for graft from living donor)
D*S2210	Cryosurgical ablation (in situ destruction) of tumorous tissue, one or more lesions; liver
D*S2220	Thrombectomy, coronary; by mechanical means (e.g. using rheolytic catheter)
D*S3906	Transfusion, direct, blood or blood components
D*S4980	Levonorgestrel-releasing intrauterine system, each
D*S5002	Fat emulsion 10% in 250 ml, with administration set
D*S5003	Fat emulsion 20% in 250 ml, with administration set
D*S5016	Antibiotic administration supplies (with pump), per day
D*S5017	Antibiotic administration supplies (without pump), per day
D*S5018	Pain therapy administration supplies (PCA or continuous), per day
D*S5022	Growth hormone therapy (e.g., Protropin, Humatrope)
D*S8001	Radiofrequency stimulation of the thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques, and placement of the electrode(s)
D*S8400	Incontinence pants, each
D*S8402	Diapers, each
D*S9023	133 Xenon regional cerebral blood flow studies

D*S9035	Medical equipment or supplies distributed by home care provider without professional nursing intervention, per day
D*S9085	Meniscal allograft transplantation
D*S9200	Nursing services and all necessary supplies (including PCA pump rental) for home administration of patient controlled analgesia (PCA) per diem (drugs not included)
D*S9210	Nursing services and all necessary equipment and supplies for continuous, uninterrupted infusion of epoprostenol (includes venous access device, infusion pump, back up pump, ice packs for cassettes, batteries, all related supplies, and all nursing services including follow-up visits, telephone monitoring, 24 hour/7 day a week availability, and all education to patient and care givers); per diem
D*S9220	Nursing services and all necessary equipment and supplies for home administration of controlled rate intravenous infusion (e.g. dobutamine) requiring prolonged attendance by the nurse, per diem (drugs not included)
D*S9225	Nursing services and all necessary equipment and supplies for home administration of intravenous tocolytic therapy, per diem use new CPT code
D*S9230	Nursing services and all necessary equipment and supplies for home administration of heparin, per diem
D*S9300	Nursing services and all necessary supplies for home enteral feeding by gravity, per diem (enteral formula not included)
D*S9308	Nursing services and all necessary supplies for home enteral feeding by pump, including pump rental, per diem (enteral formula not included)
D*S9310	Nursing services and all necessary supplies for home parenteral nutrition without lipids, including pump rental, per diem (parenteral solutions not included)
D*S9395	Nursing services and all necessary supplies and additives for home IV hydration (via gravity or pump), per diem (hydration solution and drugs not included)
D*S9423	Nursing services, patient assessment and education, follow-up visits, electronic programmer and equipment (use of computer), programming of the pump, all necessary supplies, products or services for intrathecal drug infusion, per diem

- D*S9425 Nursing services and all necessary supplies and additives for home IV chemotherapy (via IV push, gravity drip, stationary pump, ambulatory belt pump), per diem (hydration solution and drugs not included)

- D*S9533 Pain management, intravenous, epidural or subcutaneous, including solution, equipment rental, nursing care, and supplies; daily (drugs not included)

- D*S9535 Administration of hematopoietic hormones (e.g. erythropoietin, G-CSF, GM-CSF) or platelets, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem

- D*S9539 Administration of antibiotics, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem

- D*S9545 Administration of immune globulin, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem

- D*S9550 Home IV therapy, hydration fluids and electrolytes, including all nursing care, equipment, and supplies; per diem

- D*S9555 Additional home infusion therapy, including all nursing care, equipment, and supplies; each therapy, per diem
(S9555 should be used in addition to the code for the primary therapy)

*** change in descriptor of codes effective January 1, 2002**

- *S0021 Injection, cefoperazone sodium, 1 gram

- *S5020 Home infusion therapy, continuous chemotherapy administration, administrative services, professional pharmacy services and all necessary supplies (drug coded separately), per diem

- *S5021 Home infusion therapy, hydration therapy, administrative services, professional pharmacy services, and all necessary supplies, per diem

- *S8095 Wig (for medically-induced or congenital hair loss)

- *S8405 Disposable liner/shield for incontinence, each

- *S9601 Home administration of aerosolized drug therapy, administrative services, professional pharmacy services, all necessary supplies, and equipment rental; per diem

*S9088 Services provided in an urgent care center (List in addition to code for service)

**VII. National HCPCS "T" Codes established for the State Medicaid Agencies
(Note: "T" codes are not valid for Medicare)**

10/05/01/ckr